

## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-002

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1  Administrative Data	Reporter name: <div style="background-color: black; width: 100px; height: 20px;"></div>	Submission date:	Contact person (if different than reporter)	Internal ID <i>1-50557574</i>
	Address:  <i>Arizona</i>		Address:	
	Phone #: <div style="background-color: black; width: 100px; height: 20px;"></div>		Phone #:	
	Incident Status:  <i>New</i>	Location and date of incident <i>Arizona</i> <i>11/22/2017</i>	Date registrant became aware of incident: <i>11/29/2017</i>	Was incident part of larger study?
Row 2  Pesticide(s) Involved	EPA Registration # (Product 1)  <i>239-2657</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)  <i>Glyphosate, Imazapyr</i>	A.I. (s)		A.I. (s)
	Product 1 Name  <i>GroundClear Vegetation Killer Concentrate 1 gal</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>No</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation	Formulation		Formulation
Row 3  Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  <i>Own Residence</i>  Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)  <i>See Description Notes</i>		
	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <i>See Incident Description</i>			

\*Personal privacy information\*

*11/29/2017 12:07:09 PM Ortho Ground Clear*

*UPC 71549-04305*

*EPA 239-2657*

*Hx: Caller sprayed this product one week ago. A couple hours later the top of his feet were burning and so he showered. The next day he had a bumpy, itchy, painful rash on his feet. He's tried creams which haven't helped.*

*A:*

- This product may be irritating to the skin and lead to redness or sunburn like symptoms that should resolve fairly quickly on it's own. Your symptoms sound more consistent with an allergic type reaction.*
- This is not an expected effect of routine product use.*
- The patient may or may not have an unrecognized sensitivity to one of the active or associated ingredients in a given product.*
- There are several possible causes of a rash including sensitivity to a household or commercial product, food product, naturally occurring environmental agent, or medication. Rashes may also form as a result of illness or exposure to heat. Recommend consulting a physician to help determine the cause of the rash.*
- Discontinue use of the product if you suspect it is contributing to the described symptoms.*
- You may consider relieving the symptoms with topical hydrocortisone cream. Please read and follow all label directions.*
- If symptoms spread to other parts of the body or worsen in intensity, seek medical attention. If symptoms do not resolve within 72 hours, consult a health care professional.*
- Please call back with any additional questions or concerns.*

*12/1/2017 10:59:25 AM CB#1: Called back, left message on voice mail asking for return call and follow-up information.*

*12/4/2017 12:33:15 PM CB#2: Spoke with wife. [REDACTED] ended up going in to see a dermatologist after speaking with us. The doctor gave him a cream to use, but she was not sure which cream it was. She thinks that the aloe vera seemed to help the most. [REDACTED]'s feet are doing much better now.*

*\*Personal privacy information\**

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)?  <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects.  <i>Dermal Pain, 3 hrs or less; Hives/Welts, 24 hrs or less; Pruritus, 24 hrs or less; Rash, 24 hrs or less;</i>		If lab tests were performed, list test names and results (If available, submit reports).  <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
*1-50557574*